

**DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION**

**PATENT
ATTORNEY DOCKET NO. 5297/116**

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**BREASTSHIELD WITH MULTI-PRESSURE AND EXPANSIBLE CHAMBER CONSTRUCTION,
RELATED BREASTPUMP AND METHOD**

the specification of which is attached hereto unless the following box is checked:

(✓) was filed on June 22, 2001 as U.S. Serial No. 09/888,322 or PCT International Application
Number _____ and was amended on _____ (if applicable).

I hereby state that I have reviewed and understood the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above. I acknowledge the duty to disclose all information which is material to patentability as defined in 37 CFR 1.56.

Foreign Application(s) and/or Claim of Foreign Priority

I hereby claim foreign priority benefits under Title 35, United States Code Section 119 of any foreign application(s) for patent or inventor(s) certificate listed below and have also identified below any foreign application for patent or inventor(s) certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES: _____ NO: _____
			YES: _____ NO: _____

Provisional Application

I hereby claim the benefit under Title 35, United States Code Section 119(e) of any United States provisional application(s) listed below:

APPLICATION SERIAL NUMBER	FILING DATE

U.S. Priority Claim

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code Section 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, Section 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NUMBER	FILING DATE	STATUS (patented/pending/abandoned)

POWER OF ATTORNEY:

As a named inventor, I hereby revoke all previously granted powers of attorney in the above-identified patent application and appoint the following attorneys and/or agent(s) to prosecute said patent application and to transact all business in the Patent and Trademark Office connected therewith:

Michael H. Baniak, Reg. No. 30,608

Jeffrey A. Pine, Reg. No. 36,893

Steven B. Courtright, Reg. No. 40,966

Send Correspondence to:

Direct Telephone Calls To:

Michael H. Baniak
BANIAK PINE & GANNON
150 N. Wacker Drive, Suite 1200
Chicago, IL 60606

Michael H. Baniak
(312) 673-0360

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Inventor: Brian H. Silver

Citizenship: U.S.A.

Residence: 340 Ann Street, Cary, IL 60013

Post Office Address: 340 Ann Street, Cary, IL 60013

Brian H. Silver
Brian H. Silver

11/15/01
Date

Full Name of Inventor: Russ Schweizer

Citizenship: U.S.A.

Residence: 1695 Stockton Lane, Crystal Lake, IL 60014

Post Office Address: 1695 Stockton Lane, Crystal Lake, IL 60014


Russ Schweizer

Date

11/15/01